

2001 UNIFORM BUSINESS REPORT (UBR)

0016607 AF

DOCUMENT # **A25365**

1. Entity Name

CALOOSA MOBILE HOME ESTATES, LTD., LLLP

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

inf

Principal Place of Business

**31313 NORTHWESTERN HWY #102
FARMINGTON HILLS MI 48334**

Mailing Address

**31313 NORTHWESTERN HWY #102
FARMINGTON HILLS MI 48334**



2. Principal Place of Business

401 S. OLD WOODWARD

Suite, Apt. #, etc.

STE 470

City & State

BIRMINGHAM MI

Zip

48009

Country

3. Mailing Address

401 S. OLD WOODWARD

Suite, Apt. #, etc.

STE 470

City & State

BIRMINGHAM MI

Zip

48009

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

38-2763060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REGAN, HAROLD E
211 SOUTH GADSDEN
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$868,500.08

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
	COHN, SIDNEY L	401 S. WOODWARD #470	BIRMINGHAM MI 48009		
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
	MORGANROTH, FRED	401 S. WOODWARD #470	BIRMINGHAM MI 48009		
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
	PERLMAN, STUART	401 S. WOODWARD #470	BIRMINGHAM MI 48009		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)